

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/419,456
APPLICANT(S)

FILING DATE
10-15-94

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		4				
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	1						85						
36	1						86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46		2					96						
47		4					97						
48		4					98						
49		4					99						
50		1					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						